| •   |  |   |                   |            |                      |                  |        | Application or Docket Number |                        |                 |                               |                        |  |
|---|--|---|-------------------|------------|----------------------|------------------|--------|------------------------------|------------------------|-----------------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  O9 989928   |  |   |                   |            |                      |                  |        |                              |                        |                 |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |            |                      |                  |        | SMALL ENTITY TYPE            |                        |                 | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 20                |            |                      |                  | ſ      | RATE                         | FEE                    |                 | RATE                          | FEE                    |  |
| FOR 11/20/01  |  |   | NUMBER F          | ILEO       | NUMBER EXTRA         |                  |        | BASIC FEE                    | 370.00                 | OR              | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20mini            | us 20=     | · •                  |                  |        | X\$ 9=                       |                        | OR              | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 min             | ius 3 =    | * b.                 |                  | ľ      | X42=                         |                        | OR              | X84=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |            |                      |                  | I      | +140=                        | ·                      | OR              | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2  |  |   |                   |            |                      |                  |        | TOTAL                        |                        | OR              | TOTAL                         | 740                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                   |            |                      |                  |        |                              | <b></b>                |                 | OTHER                         | THAN                   |  |
| 0   | 25 (3 (Column 1) (Column 2) (Column 3)         |   |                   |            |                      |                  |        | SMALL                        |                        | OR              | SMALL                         |                        |  |
| EMT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM        | BEA                  | PRESENT<br>EXTRA |        | RATE                         | ADDI-<br>TIONAL<br>FEE |                 | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | · 20                                      | Minus             | <b>-</b> J | 0                    | c                |        | X\$ 9=                       |                        | OR              | X\$18=                        |                        |  |
| NE E  | Independent                                    | • 3                                       | Minus             | ***        | 3                    | 2                |        | X42=                         |                        | OR              | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT COM  |  |   |                   |            |                      |                  |        | +140=                        |                        | OR              | +280=                         |                        |  |
| 09/26/05  |  |   |                   |            |                      |                  |        | TOTAL                        |                        | 00              | TOTAL<br>ADDIT FEE            |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |            |                      |                  |        | LODIT. FEE                   |                        |                 | ADDIT. FEE:                   |                        |  |
|   |  | CLAIMS<br>REMAINING                       | 1                 | HiG        | HEST<br>ABER PRESENT |                  | ſ      | <u></u>                      | ADDI-                  |                 |                               | ADDI-                  |  |
| E   | į  | AFTER<br>AMENDMENT                        |                   | PREV       | OUSLY<br>FOR         | EXTRA            |        | RATE                         | TIONAL<br>FEE          |                 | RATE                          | TIONAL<br>FEE          |  |
| AMENDMENT B   | Total  | . 15                                      | Minus             |            | 20                   | <b>-</b>         |        | X\$ 9=                       |                        | OR              | X\$18=                        |                        |  |
|   | Independent                                    | • 3                                       | Minus             | ***        | 3                    | · 🔗              |        | X42=                         |                        | OR              | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                   |            |                      |                  |        | +140=                        |                        | OR              | +280=                         |                        |  |
|   |  |   |                   |            |                      |                  |        | TOTAL<br>ADDIT, FEE          |                        | OR              | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |            |                      |                  |        |                              |                        |                 |                               |                        |  |
| 10  |  | CLAIMS<br>REMAINING                       |                   | HIG        | HEST<br>MBER         | PRESENT          | ] [    |                              | ADDI-                  | 1               |                               | ADDI-                  |  |
| E   |  | AFTER<br>AMENDMENT                        |                   | PREV       | OUSLY<br>FOR         | EXTRA            |        | RATE                         | TIONAL<br>FEE          |                 | RATE                          | TIONAL<br>FEE          |  |
| AMENDMENT C   | Total  | •   | Minus             | **         |                      | s                |        | X\$ 9=                       |                        | OR              | X\$18=                        |                        |  |
|   | Independent                                    | •   | euniM             | •••        |                      | -                |        | X42=                         |                        | OR              | X84=                          |                        |  |
| F   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |            |                      |                  |        | +140=                        |                        | OR              | +280=                         |                        |  |
| • If the array in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                   |            |                      |                  |        |                              |                        | OR              | TOTAL                         |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEEO |  |   |                   |            |                      |                  |        |                              |                        |                 |                               | <u> </u>               |  |
|   | The "Highest Nun                               | nber Previously Pa                        | ito For" (Total o | r Indepen  | ident) is th         | e nignest numbi  | er tol | .arg et 1716 &4              | ppropriate bo          | x en <b>c</b> ∈ | Jester 1.                     |                        |  |